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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Case of Empyema of the left plural cavity treated by injection of iodine.* By DANIEL BRAINARD, M.D., Professor of Surgery in Rush Medical College, etc; reported by Edwin Powell, M. D.

Thomas S. Bryan, aged 16, a native of Norway, first came under the care of Prof. Brainard, April 15, 1857, with empyema of the left plural cavity, the result of a wound.

The previous history of the case, as given by his friends, is as follows: Some five months since the patient received a stab in the left side, between the fifth and sixth ribs, just below the nipple, with a sharp-pointed knife, which was followed by difficulty of breathing, spitting up of blood, etc. The external wound was closed with sutures and adhesive plaster, the patient was bled, purged and confined to a low diet. At the end of three weeks the wound had healed, and the patient was able to be about, but the difficulty of breathing had not entirely subsided, and he suffered more or less pain in that side.

He remained in this state for the space of two months, when a pretty copious discharge of matter took place from the wound, which had opened by ulceration. Since which time there has been a constant discharge of extremely fetid pus from the

wound, and the patient was gradually becoming weaker and emaciated. The parents of the patient being in destitute circumstances, nothing was done for him during this time.

PRESENT CONDITION.—The patient is now excessively thin; the skin presents a shrivelled and yellow appearance. There is a distinct bulging of the affected side, and one teacupful of fetid pus is discharged each day from the wound. The shoulder of the affected side is two inches lower than the other. He walks with the utmost caution, as the least jar or misstep gives him great pain; in fact, he is scarcely able to walk from one room to another without assistance. He is also affected with loss of appetite, chills, night sweats and diarrhoea.

TREATMENT.—The opening was sufficiently enlarged to admit a gum elastic tube of four inches in length, of the size of a No. 9 catheter, through which the pleural sac was washed out morning and evening, with the following solution:

R	Iodinium,	j gr.
	Potassi Iodidum,	ij grs.
	Aqua Destillata,	ʒi
	M. Ft. Sol.	

The solution was thrown in with a strong syringe, and allowed to flow out again after remaining in for a few moments. If any smarting followed the operation, the cavity was washed out with cold water. The first effect of the iodine was to change the character of the discharge to nearly healthy pus, and afterwards to lessen the amount of suppuration. No bad symptoms at any time followed the use of the injection. Iodine could be detected in the urine. The patient was, in the meantime, placed upon as generous a diet as he could take, with the use of stimulants.

As he had a very intelligent friend to take charge of him, he was allowed to go into the country to his own home, and continue this course of treatment there, after having remained under observation for two weeks.

July 10th.—The patient returned to the office this morning from the country. It was surprising to see the improvement that had taken place; he has gained in strength and flesh quite rapidly. Suppuration is still going on, but not much, and

the discharge is of a healthy character. The injections had been faithfully used while in the country. He was advised to pursue the same plan, and again returned to his home.

October 10th.—The patient again presented himself at the office, from the country. The suppuration had entirely ceased, and the external wound had healed soundly. Instead of the mere skeleton he was seven months ago, he now presents the appearance of a sound, healthy boy.

I made a physical examination of his chest this morning and could detect no difference in the two sides.

I am not aware that injections of iodine have ever been used or recommended in this country in cases of empyema, heretofore, but such beneficial results followed their use in this case that I think we should be justified in resorting to them in similar cases.

ARTICLE II.—*Twenty Propositions on Milk-Sickness.* By J. W. CROOK, M.D., of Rockport, Ind., in a Letter to one of the Editors.

DEAR DOCTOR,—In compliance with request, I proceed to furnish for your inspection and supervision a few observations upon the malady in question, as they have presented themselves in my practice. I shall present, in a condensed form, conclusions drawn from observation and experience, for near twenty years, without giving various reasons for the same, as it would require considerable space, and besides, in this as in other diseases, many facts exist that are not readily and satisfactorily explicable.

1st. The disease known as "Milk-Sickness" is not of malarious origin, nor in the least degree influenced by this agent.

2d. It is of less frequency in miasmatic districts in this country than any other locality, occurring almost universally in the high land comparatively exempt from miasmatic diseases.

3d. Depends upon an unknown poison taken into the system of the animal, thence transmitted to the human species through the medium of meat, milk or butter.

4th. It most usually, if not *always*, occurs early in the spring when pasturage is scarce, and late in the fall when

forest grazing is pretty well over. It is prevailing at the present time, amongst the stock of this county, to a greater degree than for a number of years past.

5th. In no instance has it ever been known in this county during any other than the grazing season, and then *only* upon lands that had never been in cultivation.

6th. A late and wet spring—a dry summer, followed by a wet fall—favors its development among stock.

7th. It seems that the circumstances favoring a rapid and succulent growth with a moderate scarcity of grass, and a kind of necessity for stock eating most anything that is at all to be tolerated by their systems, are exigencies conducive to the "Trembles."

8th. Hence, I have come to the conclusion that this malady is induced in cattle, horses, hogs, sheep, etc., by them eating some poisonous vegetable.

9th. Under the assumed principle that the poisonous property depends upon some unknown mineral exhalation from the earth, or other floating noxious quality in the atmosphere, there is no good reason why it should not affect animals in the barren barn yard, the cultivated pastures, stubble fields, or the human species in his domicile.

10th. It was the opinion of the lamented Dr. Drake, that the disease was caused by cattle eating a species of the poison oak (Rus. Toxicodendron), and from observations incited by reading his paper, I am *strongly* of this opinion.

11th. I have inspected, time and again, localities, wood pastures, etc., where sheep, cows and horses had contracted the Trembles, and in *no* instance was this vegetable found wanting.

12th. I have often gone into limited pastures and found the stub of the vine where the leaves and tops had been eaten off, the calf down with the Trembles, and patients at the house with the Milk-Sick.

13th. An intelligent farmer saw a sheep eating freely of this vegetable, from a luxuriant growth that had sprung up along side of a decaying log; the identical sheep died next day of Trembles.

14th. Stock are not passionately fond of this weed, though they will eat it in times of general scarcity in proportion to the requirements of their appetites.

15th. The poison oak is peculiar to high broken grounds, and scarcely, if ever, found in alluvial bottoms, at least not in this county. The disease is never contracted in the bottoms, in no instance of the kind. The people use beef, milk and butter without the least fear, and enjoy perfect immunity.

16th. It is certain that the slightest culture of the soil destroys the cause, and has never been known to re-appear; and it is equally certain and well known, that the Rus. Tox. answers to these peculiarities. It is but slightly attached to the earth, running along on the surface just under the leaves and other trash, throwing down fragile tendrils which attaches to the loose soil, and a weight of five pounds will break up the largest bunches.

17th. I have never known a case of the disease, or anything approximating its peculiarities, that was not traceable to the use of meat, milk or butter. Once, however, I had like to have been *stumped* over this position. A gentleman in town was attacked with *all* the prominent symptoms, but assured me there was no possible chance for Milk-sick; though using butter, it was from the most reliable source. He was treated as we ordinarily treat the disease, and finally got well. It was subsequently ascertained that although the cows were "kept up," it was in a sort of mixed pasture, in which woodland ground, that had never been in cultivation, predominated, and in that part which had been cultivated, there was but little for the cows to eat. I said my patient got well, yet he never felt fully *normal*; whenever the pupil of his eye covered the butter dealer, he exhibited slight evidences of the *trembles*, notwithstanding his proverbial good nature.

18th. The prominent symptoms of the disease consist of excessive nausea, vomiting first the ordinary contents of the stomach, bile, and such liquids as may have been swallowed; a glairy, tenacious mucous, very acrid and sour; and, finally, matter of a coffee-grown appearance; burning sensation in the stomach; excessive prostration; anxious and contracted coun-

tenance; leaden color and cool skin; *obstinate constipation*; with others that might be enumerated, with which no one is more familiar than yourself.

19th. The pathological condition is no doubt a peculiar gastritis, involving the entire inner portion of the stomach, but more particularly the pyloric region. I have not had the advantages of post mortem examinations. If you would not consider it vain, I would say that my opportunities for this kind of investigation have been very limited; for fifteen years past, I have not let a patient *die* of this disease! (Desp. Dark).

20th. Treatment. Well, it is not necessary to mention the indications to be fulfilled—these are apparent. And it is almost as unnecessary to note the treatment, for there is little or no difference now-a-days with the posted part of the profession.

To arrest the vomiting, I use morphine, blisters and alcoholic stimulants; and if I had to choose but one remedy, and use one only, I verily believe I would take the whiskey. I do not offer any reason or *modus operandi*, for or as to the whys or the wherefores; I simply *know* that whiskey is the thing in Milk-Sick, or in any other animal poison, as snakes' and bee stings, spider bites; and if I had a patient with hydrophobia, I would give him *whiskey* until he either lived or died. Don't make up your mind from this that I am *passionately* fond of the "critter," and am in danger from excessive use—I am only so under the circumstances detailed. I believe the alcoholic stimulant operates by a neutralizing influence upon the poison in the blood, and this influence, to a considerable extent, is mutual, as it is almost impossible to intoxicate the patient while under the poisonous influence.

As a purgative, I formerly gave calomel and castor oil; have not given it, however, for several years; mostly use ep. salts, combined with magnesia cal.

There is little or no difficulty in procuring the requisite action on the bowels, after quieting the stomach, and this once effected, the patient is about well.

Convalescence is usually rapid—relapses very rare; tonics, as Columbo bitters, or something of the kind, with generous diet, is all that is necessary.

ARTICLE III.—*Veratrum Viride* as a poison and as a remedial agent. By J. STAYTON PASHLEY, Waupaca Co., Wisconsin.

DEAR SIR,—Recognizing the fact that the *Veratrum Viride* or American Hellebore is being more generally used than formerly by the medical practitioner in the North-West, I am induced to publish the minutes of a case of interest to those of our profession who were present, and in which the life of one of our best citizens was at stake.

In the month of March last, Mr. C. O. B——, of good constitution and in ordinary health, entered our office, and complaining of slight indisposition, passed to the rear end of the room where we usually kept alcohol and other liquors, of which fact he was cognizant, and taking up a tincture bottle which was *not labelled*, and into which we had just filtered from a *labelled* bottle a *saturated tincture of Veratrum Viride*, he smelled of it hastily, and supposing it to be brandy, poured into a tumbler about ℥ij (as we afterwards ascertained) and quaffed the delicious draught!

The impression made upon his gustatory nerves was far from agreeable.

He walked, or rather *staggered* forward, about fifteen or twenty feet, when he fell to the floor, and commenced vomiting violently and complaining of distressing dyspnoea and total blindness. His appearance at this juncture was striking—surface blanched and covered with a profuse cold sweat, eyes sunken and fixed, pupil of the eye dilated, a perfect Hippocratic face; body flexed, and a strong disposition to muscular contraction or rigidity; pulse falling rapidly, until it was imperceptible at the wrist, and the heart's action was quite feeble.

Purging early supervened on the vomiting, and both persisted, until the remedies prescribed produced their effect. Fortunately my partner, Dr. J. E. Thayer, was at hand to render assistance, and the patient was subjected to the following treatment:

3 p. m. (time of accident).—Gave of alcohol (98 per cent.) ℥ij , and tinct. opii ℥i , with water.

3.30 p. m.—No perceptible effect. Gave sulphate of morphine grj, and brandy ℥j .

4 p. m.—Vomiting and purging less frequent, but excessive straining; pulse scarcely perceptible. Gave of morphine, grss., with brandy and the white of eggs.

4.30 p. m.—Purging entirely ceased; vomiting nearly so; pulse rising. Gave morphine, gr. $\frac{1}{4}$, with brandy and albumen as before, and applied blister over epigastrium.

5 p. m.—Patient is perfectly quiet, and disposed to sleep; pulse nearly normal, yet a little soft.

During the evening, and nearly all night, the morphine and brandy in small doses were administered, and in the morning the patient was conveyed to his residence, but for some days complained of tenderness over the stomach and small intestines. A proper regimen was prescribed, and our friend still lives, cautioning others to "Touch not, taste not, nor handle not," anything pertaining to a physician's office.

As a remedial agent, I have found the Veratrum to be almost invaluable in any case where one of the indications is to reduce the force of the circulation, provided there is not already too great depression of the vital forces.

Norwood's preparation not being always attainable, I have used a *saturated* tincture of my own preparation, and always in combination with an opiate and diuretic.

The most usual formula is the following:

R	Tinct. Veratrum	ʒi
	" Opii Camph.	
	Sp. Nit. Dulc. aa.	ʒj

Dose for an adult: One teaspoonful—to be increased or diminished as the case may demand.

My object in adding the opium is to control the tendency which this agent (as well as tartarized antimony and ipecac.) has to develop intestinal irritation. The diuretic is introduced to prevent the arrest of the secretion from the kidneys, which opium is liable to effect.

ARTICLE IV.

DEAR SIR,—At a time when the subject of *ecrasement* is engrossing so much attention, I have thought it would not be uninteresting to give the following translation of the report of

an amputation made by that means in Paris. Heretofore this mode has been made applicable only to tumors, erectile, hæmorrhoidal or fibrous, but Maisonneuve has conceived the idea of applying it to amputation, previously breaking the bone, as in this case, by an ingenious machine which he has invented, and this is the first instance of its use in that way. There is no doubt that this instrument possesses great advantages, not only from avoiding all loss of blood but also from the character of the wound, which scarcely ever suppurates to any great extent, and heals most kindly. One of the great benefits which is claimed from it is the very slight risk of purulent absorption. The case of which I give you a translation was not reported by M. Maisonneuve himself, and is, as you will see, very defective.

Truly yours,

JOHN C. MORFIT.

A man, 33 years old, had been for several years affected with a suppurating white-swelling of the tibia-tarsal articulation, as well as of nearly all the articulations of the tarsus and metatarsus. Various methods of treatment had been tried without success, and the patient put himself under the care of M. Maisonneuve, begging him to amputate the limb. This operation was performed in the following manner:

1st. The patient being put on the operating table, and placed under the influence of chloroform, M. Maisonneuve applying then, upon the inferior third of the leg, a small screw-machine, in the form of a *Serre-nœud*,* broke at a single stroke the two bones on the same level, without contusion of the integuments.

2nd. After this, the operator applied on the flesh about three inches below the level of the fracture, a strong *constrictor*, with which he compressed the tissues moderately.

3d. While the soft parts were thus strangulated, he incised them with a bistoury about half an inch below the point of constriction, taking care to isolate the bone perfectly.

4th. Seizing then the foot and the lower part of the leg, he makes use of them as a handle to extract the inferior fragment

*The nearest approach to a *Serre-nœud* would be a ligature run through a canula and the end doubled.

of bone which is only held by a few shreds of the soft parts, easily torn.

5th. Finally, he finishes the operation by carrying the constriction as far as the complete division of the skin and all the tissues underneath.

After this operation, which lasted scarcely five minutes, there was not a drop of blood lost. The stump presents a regular appearance, and its extremity is lightly puckered like a purse. Simple dressing was applied, and the patient was carried back to his bed.

Examination of the piece.—This examination shows the necessity of the amputation; but what is remarkable, and what our narrator would scarce have believed, although Mr Maisonneuve had, before the operation, declared that we should find such a state of things, is that the tibia and fibula were broken exactly at the same height and without the slightest splinter.—*Gazette de Hopitaux, Sept. 26th.*

ARTICLE V.—*Milk-Sickness.* By JOHN C. BECK, M. D., of Cadiz.

Dr. JOHN PICKARD,

DEAR SIR,—In the June No. of the "Journal" you present some items on the Pathology of Milk-Sickness that are worthy of the earnest attention of the profession. Your views so nearly coincide with my own, that I wish to add my testimony with yours. Your observations of the disease and surrounding circumstances corresponds with the experience of our practitioners in this portion of Indiana. Dr. Wilkinson has said truly, that our book men know but little of this disease, and he might have extended this remark to many other items which the profession of the Great West are compelled to rely upon from their own resources. I am satisfied that it has a vegetable origin. Came to this conclusion while investigating this subject many years ago, when such large sums were offered as rewards for the discovery of its cause. Prof. Mitchel has given the subject the clearest exposition of the vegetable theory on record, and Dr. W.'s newspaper sketch is very suggestive of its vegetable origin.

If physicians in each section of our country would arm themselves with a complete outfit of botanical knowledge, and observe closely the kinds of fungi that grow in their neighborhoods, and especially in the "small lots" where it is known to exist, we would soon be able to pick it out of the thousands of kindred herbs, and give it to animals, and be able to determine satisfactorily by experiment the precise species that causes the disease.

You perhaps recollect its activity in some parts of Kentucky a few years ago, and that it prevailed exclusively in winter. Here it prevails in all seasons except winter, and the character of the spring determines its appearance early or late. If we have abundance of rain in the spring, with hot sunshine alternating with thunder-storms and growing showers, as we sometimes have the last of April and during May and June, then we confidently expect Milk-Sickness in May and June. A dry spring and summer will postpone it till September or October. These are facts well known in this part of the country.

Of the symptoms. Those most frequently met with are the peculiar odor, vomiting, inordinate pulsation of the abdominal aorta, thirst, craving cold drinks (which our good old fathers formerly forbid under severe cautionings); and the post-mortem are found to be enteritis, which was active congestion, perhaps for the first few days; even the jejunum is inflamed in some cases, and the mucous lining of the ileum in nearly all were in a high state of inflammation. I have bled, used fomentations, and gave cold drinks, and large doses of quinine dissolved in whiskey. About two-thirds of the cases have received the above treatment, with some unimportant variations. Commenced bleeding and giving quinine about September, 1845, and have since been in the habit of relying on such remedies as are useful in congestive remittent fever.

ARTICLE VI.—Translated for the Journal by DR. BYFORD.
Ovarian Cysts.

At a recent lively and interesting discussion in the Académie de Médecine of Paris, on the subject of ovarian cysts and their treatment, the following principles were settled and adopted :

1st. Ovarian cysts belong to the list of dangerous diseases, and are usually fatal in their termination. (Cazeau and Huguier.)

2d. The duration of the disease varies from four to six, (Cazeau), ten, or twelve years. (Velpeau.)

3d. It is an error to suppose that the sufferer in the greatest number of cases attains anything like old age, and the younger the patient the more rapidly it terminates.

4th. There are cases that are absolutely incurable, and unmitigable in their nature, viz. the areolar, vesicular, and multilocular non-communicative cysts. (Cruveilhier.)

5th. In many cases can ovarian cysts be cured by proper treatment, and others spontaneously resolve themselves. (Velpeau.)

6th. Spontaneous cures follow as a consequence of rupture of the cyst, but for the most part rupture and effusion are followed by death. (Velpeau.)

7th. Palliative punctures are not dangerous, and sometimes lead to radical cures. They nearly always give great relief, by taking off inconvenient and disagreeable distention. (Velpeau.)

8th. Puncture, followed by injections of the solution of iodine, in the present state of our knowledge, is the most successful procedure with which we are acquainted, in this hitherto incurable affection. (Cazeau.)

9th. It is not advisable to leave a tube or sound in a puncture, as it leads to suppuration almost always.

10th. It is the teaching of experience, that after puncture and the injection of iodine, the puncture should be closed.

11th. Unilocular cysts, without organic alterations of their envelopes, containing serous sero-sanguineous or albuminous fluid, and cysts that have formed as a consequence of extra uterine foetation, admit very frequently of a cure. (Huguier.)

12th. As the discussion reveals the fact, that the puncture with injection is as safe as simple puncture, it is desirable to resort to this measure early as possible, that the patients may have the greatest number of chances in her favor. (Velpeau.)

13th. The best time, therefore, for operating is before the tumor has attained a very large size, or produced any disturbance in the functions of surrounding organs.

14th. Phlegmonous or purulent inflammation of the cyst after puncture, afford grounds for the most gloomy prognosis.

15th. Extirpation of the cyst is the most dangerous of operations, and should not, from any consideration, be performed, particularly as this fact is so well established. (Velpéau.) (*Revue Therapeutique du Midi.*)

Treatment of the Mamma during Childbed. By DR. DURR, of Stuttgart.

There is hardly another therapeutic field in which the practitioner encounters so many faults and errors as in the management of the female breasts during childbed; it may not, therefore, be unprofitable to indulge in a few reflections in regard to it. There can be no doubt that nature has intended the mother to suckle her own child, but it is equally clear that she has denied her that privilege, either through imperfection of the nipple, or glandular structure (and consequent lack of milk) of the breast, in many instances. Disease, if it be not contagious, as syphilis, for instance, should not prevent the child from sucking, provided there is plenty of milk and a good nipple.

Notwithstanding the self-evident character of these principles, we see them violated daily. A mother has a flat, small nipple, that the child cannot seize—a simple negative to the act of sucking; the midwife, however, resorts to all sorts of appliances to induce the child to nurse, until it is exhausted and the breast inflamed; in short, until nature places her veto in an unmistakable manner upon the proceedings. The same thing occurs when there is a paucity of milk. Breasts that at first sight convince us they are not intended to give milk in sufficient quantities for any useful purpose, merely rudimentary in size and form, are sucked and pumped until the dreadful pain to the mother makes them unendurable. The most of midwives, notwithstanding the severest pain and most obvious symptoms of inflammation, continue in the most persevering manner their efforts to get milk; the more tender, in fact, swollen and painful the breasts, the less milk the child gets; the more frequently the pump is applied.

Dr. Durr is never called to see a woman on account of in-

flamed breasts in childbed, but what he finds sucking glasses or other apparatus for drawing, and thinks that the physician should take every opportunity to earnestly condemn and forbid the use of them. The swelling of the breasts is taken as cakeing or clogging of milk in them, and an indication for greater efforts to get it out. When the pump draws no more milk, the the midwife tries to "bring it." Now it is warmed, smoked and cataplasmed, all with the same result; the inflammation, tenderness, and dryness (of milk) are increased, and finally followed by suppuration. And the abcess once formed, the same process is continued, until the whole gland is undermined, and one hole after another riddles the breast. Dr. Durr has met with the most happy success, in a large number of cases, by the following course of treatment: If the nipples are flat and small, impracticable, in fact, let them alone, and nourish the child with diluted cows' milk. Should the breasts be too small, or the mother so badly constituted, that we can predict her incapacity to afford milk enough for the child, no attempt to nurse should be made, and thus prevent the suffering that would inevitably flow from a trial. If the breasts are well developed and filled, and the nipple prehensile, let the child nurse, although the mother may be a sufferer, even phtisical. So soon, however, as pain, either in the nipple or breast, commences, at once desist from nursing, for it is an evidence either of a failure of milk, or the beginning of inflammation. Should one breast be inflamed, and the other not, the child should not be allowed to suck the sound breast, because the concert of function between the two organs will keep up excitement in the diseased one. If a breast is swollen and sensitive, all irritation should be kept from it; it should not be sucked, warmed or cataplasmed, for fear of suppuration and destruction of the milk tubes. On the other hand, resistance of the skin and integuments must be increased. The vessels of the breast must be compressed, and the stream of fluids be turned from the organ. Warmth cannot do this, cold may promote it. Dr. Durr has lately seen the most marked, speedy, good effects done from cold, in the case of a young, robust woman, with large, distended breasts, who had nursed several children be-

fore, but now was delivered of a dead child, and once before had abscess brought about by warm cataplasms. She dreaded the effect of the *ancient regime*, and in spite of the remonstrances of the midwife, made use of cold poultices. In twenty-four hours all swelling and sensitiveness had subsided, and the patient remained well until her next confinement, when, by similar means, she stove off an inflammation, and was enabled to nurse her child. But there are many puerperal patients who cannot use cold without bad effects,* and hence must command other resources, and they are very simple.

If the breast is only moderately inflamed, low diet, laxative medicines, and a light linen cover over the breast, is all that will be necessary to insure a subsidence of it and a free secretion of milk, and in four or five days the thing is all over.

In higher grades of inflammation, it will be necessary to give some mechanical support to the power of resistance against the afflux of blood to the part. For this purpose, some good plaster, applied to the whole mamma, leaving out the nipple, will do great good. The best article for this purpose is collodion, which, while it is light, makes firm and agreeable pressure on the whole organ. The collodion must be good, and applied thickly every hour or two until a consistent and thick shell is formed over the surface of the whole organ. Should we, however, on account of the price or smell of the collodion, desire to avoid its use, we may substitute adhesive plaster. It should be cut in a large square, with the corners rounded off, and a hole in the middle for the nipple. The diachelon, lead, black, soap, and Indian plasters all act in the same mechanical manner. Any plaster that produces irritation is injurious in their effects. The overflowing milk should be absorbed by clean dry linen, the breast suspended, and the arm kept at rest. If physicians will be contented with this simple plan of managing the breast, keep the bowels open, allow nothing but light diet, and avoid all irritation, one per cent of the breasts that are inflamed would not suppurate, and in four or five days the storm would all be over. If the breast has, either from neglect or irritating

* This I do not believe.—TRANS.

treatment, suppurated, the warmth and cataplasms should not be used, unless we desire to increase the pus, destroy more of the gland, and add very much to the suffering of our patient. We ought to satisfy ourselves by painting the formed but not opened abscess with diluted tinct. of iodine two or three times a-day, and cover it with a soft, light plaster. Under modified pain, the abscess will, in a short time, become so thinned as to break or permit lancing and evacuation of the matter.

The softening of the hardness left by the inflammation in the glands will best take place under careful covering of the breast, keeping up a constant laxative influence in the bowels, and avoiding all irritating diet.—*Allg. Med. Cent. Zeitung.*

SELECTIONS.

Sketches in Midwifery Practice. By Walter Channing, M.D.

Sept. 9th.—I was called in consultation in Mrs. —'s case, about noon this day. I found her sitting in a chair, if that could be called sitting which was resting the limbs against a chair seat, with the least possible bending of the body upon them. She said that she could not lie down for a moment, so embarrassing to breathing was that position. The difficulty arose from the anasarcaous enlargement, hardness and stiffness of the limbs. It was not possible to make indentation by pressure any way. At the wrinkles about the joints, large ridges or rings surrounded them, and between muscles and faecia, elsewhere, the water filled and projected the integuments in distinct tumors. One on the upper and inner part of the left thigh promised to embarrass any operation which might be in hand. Her age is 19, and this is her first labor. It began six days before my visit; continued two days, making fair progress, and then ceased, leaving the head at rest in the bony outlet. Her size was noticeable. I have seen many large persons under her circumstances, but she excelled them all. Since the moment the pains ceased, no uterine action has manifested itself, and for four days her life has been a continuous misery. The pulse was rapid, skin hot, she was sleepless, and the functions of the bladder and rectum were embarrassed. Attempts have been made to produce uterine action, but in vain.

In consultation, the sole question regarded artificial delivery, and upon due consideration it was decided that an attempt should be made. After much difficulty, and suffering on her part, Mrs. — was laid on her bed, and her case being stated to her, she agreed to do her best to remain upon it. The forceps were first tried, and, it was thought, faithfully, but with no effect. The head was reduced, and after long-continued effort the child was removed. The abdomen was examined, and it seemed just as large, just as full as it did before the delivery was effected. It was clear that another child, at least, remained in the womb. It was agreed that this should be delivered by turning. This was done, during full etherization (this state was sustained from the first attempt at delivery), and after a prolonged and decided effort delivery was accomplished.

Now, during these operations the womb remained perfectly quiet. I could not discover the least mark of contraction. When the first child was born, the part of the womb it had occupied remained perfectly soft and empty, while the tumor formed by the second child was at the highest point in the abdomen. After the second birth, the womb preserved its remarkable quietude. The placentas remained adherent, not a single drop of blood was shed. After waiting for action to occur, and having waited in vain, the placentas were taken away. While this was accomplishing, and the womb necessarily much irritated by the manipulations, the organ remained perfectly at rest. The cavity which had been filled by two fetuses, weighing together twenty-two pounds, one of them having been subjected to craniotomy, which certainly had not increased its weight—this cavity remained just as large as before delivery, and was absolutely embarrassing by its extent. The placentas were slowly raised, for the flaccid womb yielded too readily to pressure to allow any more than a peeling process to be practised. No hæmorrhage accompanied or followed the operation. A napkin was useless.

For two days after delivery there were involuntary rectal discharges, and the catheter was used for the same length of time. After these accidents, convalescence proceeded slowly but without interruption, and recovery was perfect.

Sept. 13th.—This was Mrs. —'s fifth labor. The four preceding were natural. I was called to see her between 11 and 12 p.m., and learned she had been ill for many hours. Uterine contractions had been strong, and had brought the head to the inferior strait. About four hours before my visit, her first physician—for two were in attendance when I was called—had discovered a tumor of great size projecting from

the abdomen with the umbilicus for its central point, and tympanitic to a degree which to him had never been equalled in puerperal fever or in any other disease. At first it was thought it might depend upon some condition of the bladder, but the catheter shed no light upon it. There was no precedent tenderness of abdomen, and no constitutional condition which comes of inflammation anywhere.

I found this state of things as described by the physician who had come for me, or rather to borrow a long catheter, and who asked me to return with him. The tumor, for so it had been called, was found as tense as the integuments allowed it to be. These were made so thin by distension that they seemed reduced to a mere membrane, suggesting the idea that the skin would give way under the least outward pressure upon it. But that it would be trenching upon another department of literature, an illustration in the way of comparison might, by a figure of rhetoric, make this extraordinary abdominal affix much more readily understood than can a merely verbal description. There were no uterine contractions. These had ceased for some time. Mrs. — was exhausted and entirely hopeless.

Upon examination, the head was found as described, closely impacted in the pelvis. The anterior lip of the womb was hanging down greatly enlarged, reaching almost to the external organs. It was firm, hard, compressed between the foetal head and symphysis, its free part being moveable, thick, and having a rounded edge. At first it was thought it might be pressed up between the head and pelvis, and thus very much facilitate delivery. It did actually seem to recede by pressure, but this turned out to be nothing more than a mechanical shortening of it, for as soon as pressure ceased it came down into its former place. It was clear that delivery could only be effected by mechanical means, and it was quite as clear that the abdomen was rapidly growing larger. The long catheter brought away no water.

The forceps were tried—at first Davis'—but their breadth and large curvature made it impossible to introduce them without a degree of pressure upon the enlarged anterior lip of the womb, which was thought anything but safe. Davis' instrument was tried, because one of the physicians present had brought it with him, and it was lying on the table. Prof. Hodge's, of Philadelphia, were now used, and were introduced with ease and success. Except when the cranium is very low, I always use Prof. H.'s. At other times Hamilton's are preferred in the other situations of the head. I brought one of Prof. Hamilton's

instruments from Edinburgh more than forty years ago, and have never known it fail in proper cases.

As soon as the first branch was introduced, a great blast of most fetid air rushed from the vagina, and also a quantity of water of the same odor. The adventitious abdominal tumor at once disappeared, and the hand now rested upon the uterine walls, through the thin and relaxed abdominal walls. No contractions occurred upon the introduction of the forceps, or accompanied its use. Delivery was accomplished with great difficulty, the getting away of the trunk requiring much more effort than did the head. The only way, in fact, of accomplishing this task, was by carrying the blunt hook into the axillæ, first one and then the other. The placenta was adherent, and was removed by the hand.

Moderate reaction followed. On the third day some castor oil was given, which operated kindly. The milk came. On the sixth day the pulse was found quickened, and much weakness was complained of. There were no symptoms of peritonitis, nor of other local inflammatory trouble. Sinking came on, and rapidly increased, and on the tenth day from delivery Mrs. — died. Her medical attendant, who communicated these facts to me, could assign no internal cause for their occurrence. The room in which Mrs. — was confined was very small, without ventilation. Its door opened into another small room, in which was a cooking stove, and in which the family of four children, etc., lived. The weather was unusually hot for the season. These circumstances were certainly very unfavorable, and one would think quite sufficient to disturb the convalescence which had so kindly advanced, and promised so happy a result.

A question of the cause of the formation of gas in the womb may arise. I have met with no such case before, and I cannot call to mind its like from the books. It shows how closely was the head in contact with the vagina and pelvis, for the smallest opening would have allowed of the escape of the gas. Air might have entered the womb when the membranes broke, and a portion of the liquid amnii had come away. So it may do in other cases. But who has met with such an instance; and without the presence of atmospheric air, how would the chemical changes referred to have been produced? The dead fœtus may become emphysematous. This was not the case in Mrs. —'s child; and if it had been, how could the air escape through the unbroken integuments? The tumor occurred suddenly, and rapidly increased in size. From its feel it seemed utterly impossible that the womb should have been so thinned as to have aided in forming the walls that contained the gas. Why

were not the relations between the afterbirth and the womb changed by such an extreme expansion of its substance? The placenta does not grow *less* under such contractions as separate it; if so, it would have one of the properties of the cotyledons, which nourish the young ruminant during its intrauterine life. The placenta is separated, because the womb to which it is attached grows *smaller*, while itself preserves its natural size. The *less* cannot contain the *greater*, unless morbid adhesion exists.

However the reasoning may be, the fact remains. The womb was distended with gas, to the apparent threatening of its disruption. This gas was decomposed, or rather that from which it was produced was decomposed, and set it free. This gas was certainly contained in the womb. The marked convalescence continuing uninterrupted for a week, with the regular performance of all the functions, proves, I think, that no such lesion existed as would produce either disorder, disease or death. It is seriously regretted that an examination after death was not made. The position of the patient—prejudices, religious and others, doubtless prevented this. I did not see Mrs. — after her delivery.

Sept. 29th.—This was Mrs. —'s fourth labor. I had attended her in all of them, with her family physician. Her first labor was natural. The second was instrumental. The third, natural; and the fourth, or last, was instrumental.

I was called to see Mrs. — at the date above, between 7 and 8 a.m. Uterine contractions strong. Began at 6 a.m., two hours before my arrival. Examination showed the first stage of labor perfectly accomplished. Os uteri had disappeared. Head fairly in the inferior strait, and advancing during contractions. In about an hour progress ceased. Great suffering, strong bearing down, but conscious of no progress. This state continued about four hours, and precisely imitated the state of things in the second labor, when the forceps were used, and in a few minutes most favorably completed delivery. A single effort now with the instrument brought the head beyond the obstacle to its progress, and its continued advance made other than natural effort unnecessary. As the head emerged, the instrument was removed. Mother and child recovered without accident.—*Boston Med. and Sur. Journal.*

Treatment of Enlarged Bursæ by Caustics. By Jas. B. Prowse, Esq., M.R.C.S., Clifton.

I have been in the habit of removing enlarged bursæ by means of the lunar caustic, applied in the form of the stick

moistened with a little water and rubbed over the whole surface of the enlargement for the space of some minutes. In most cases this treatment will be found effectual where the blisters, the tincture of iodine, etc., have been but of little use, and it will often obviate the necessity of passing setons through the tumor, or of removing it by means of dissection. Having in a great number of cases proved the efficacy of this plan, I can confidently recommend it for adoption in practice.—*London Lancet.*

Dr. Theophilus Thompson on the Application of the Microscope to the Diagnosis of Pulmonary Consumption.

The author observed that the assiduous and discriminating use of the microscope having yielded valuable aid in illustrating various pathological questions, and giving precision to some grounds of diagnosis, it seemed reasonable to anticipate information from the application of this instrument to the examination of expectoration; and he thought it practicable to show that the disappointment which some observers have experienced in their endeavors to avail themselves of this method of investigation did not depend on inadequacy of the means, but might be overcome by care and perseverance. Many years since, Mr. Quekett detected elastic pulmonary tissue, in the sputum of patients not previously considered consumptive, and it was for a time supposed that a peculiar granular appearance of the expectoration might be regarded as characteristic of tubercular disease, even in the absence of any trace of elastic tissue. Finding, after a time, that this appearance could not be relied on as an indication of incipient phthisis, and embarrassed by the multiplicity of objects often present in the expectoration, Dr. Thompson for a time discontinued the investigation, any sanguine expectations which he had entertained being further discountenanced by the testimony of Rainey, Addison and Bennett;* but in an interview with Dr. Andrew Clark (to whose sagacious observation and faithful descriptions† the profession is greatly indebted), he had the gratification of learning that the subject had engaged his attention since the year 1846, and with such success as to enable him to show, in his lectures at Haslar, the real microscopical indications of tubercular

* Dr. Hughes Bennett has lately added his testimony to the value of the microscope in suspected phthisis. Vide *Edinburgh Monthly Journal*, Jan., 1856, p. 585.

† Vide *Transactions of the Pathological Society*, vol. 6, p. 74; and *Lettsomian Lectures*, by Theophilus Thompson, M.D., F.R.S.

sputum. With his friend's liberal and courteous assistance, Dr. Thompson soon became convinced that changes in the pulmonary vesicles, preceding the stage of destruction which occasions the elimination of pulmonary tissue, are manifested in the expectoration, and that information may thus be obtained, not only supplying valuable aid in diagnosis, but also furnishing instructive information regarding the morbid process concerned. Dr. Thompson showed, by a diagram enlarged from a drawing by Shroeder Van der Kolk, that when tubercular deposit is present in the pulmonary vesicles, there may be seen, contrasting with the usual epithelial cells, some which are dark, swollen, spherical; some more advanced, larger and misshaped; others shrivelled or burst, and extruding nuclei, which nuclei, when enlarged, correspond with the "tubercle corpuscles" of Lebert. The author proceeded to show that the sputum of consumptive patients contains materials corresponding in appearance with the elements present in the air-vessels, and that before an amount of disease involving the elimination of elastic areolæ occurs, corpuscles of various sizes, jagged outline, setting free nuclei, and affording evidence of rapid disintegration may be detected. The general moleculo-granular appearance (to which his attention had been originally directed, and which he much regretted having erroneously figured in his "Clinical Lectures") was not conclusive; the sputum, which is really characteristic, containing isolated masses of moleculo-granular material, and having interspersed corpuscles of various forms, overgrown or jagged, and setting free nuclei; the various proportions of pus, or fat, or blood, giving collateral indications of the amount of surrounding deterioration in the lungs; while amongst evidences of rapid progress might be specified the appearance of large and numerous areolar meshes, still retaining their adhesion and elasticity. In chronic cases, portions of this tissue appear, inelastic, teased out, and broken down, in consequence of long imprisonment, whilst a diminished proportion of fat, and the appearance of cholestrine plates, and still more of earthy particles, were often indicative of a mode of restoration. The author proceeded to prove, by a brief narration of cases:

First, that with the aid of the microscope positive conclusions, not attainable by auscultation, could sometimes be formed regarding the existence of pulmonary disease.

CASE 1.—Mr. —, aged sixty-three, after an attack of pleurisy in the left side, during the spring of 1855, did not regain strength. Dull percussion and prolonged expiratory murmur over a small portion of the right apex were the only important auscultatory signs; but the expectoration, under the

microscope, was found to contain blood corpuscles, moleculogranular matter, and lung-tissue broken down and unbent. More positive symptoms of decided phthisis, as reported by his medical attendant in the country (Dr. Sylvester of Trowbridge), soon appeared, and in a few months he died.

CASE 2.—Mrs. E——, a lady, aged thirty-nine, whom Dr. Thompson attended with Mr. Marshall of Bedford-square, during the early months of 1855, suffered from obstinate sickness, and the progressive emaciation inducing an examination of the chest, some dulness on percussion with increased vocal thrill was observed near the sternal end of the second intercostal space on the right side. A little expectoration was obtained, and was found to contain shrivelled cells, lung-tissue, and isolated masses of granules. Some improvement of the general health occurred under soothing hygienic and tonic treatment, and the administration of cocoblein. But early in the year 1856 the expectoration became copious and flocculent; dulness on percussion was more extensively obvious; near the inferior angle of the scapula click was audible, shortly followed by cavernous breathing. In March she died. An interesting contrast to this story was afforded by

CASE 3.—A lady, aged thirty-eight, who, in the autumn of 1852, had almost precisely the same auscultatory symptoms as were observable in Mrs. E——; but the occasional, slight, cloudy expectoration, from time to time examined, exhibited ciliary cells, some with long tails, probably tracheal, some in masses, as though from the follicles; but there were no tubercular elements. In harmony with the encouraging testimony thus afforded by the microscope, the general symptoms continue favorable, and have hitherto, during a period of five years, negatived the gloomy prognostications which an accomplished auscultator had perseveringly maintained.

Secondly: the author adduced the advantage of microscopical observation in confirming doubtful signs.

CASE 4.—E. T——, aged fifty-one, in the winter of 1854 was attacked with cough, hurried breathing, and some symptoms of hectic. The left lung had been extensively consolidated in consequence of pleuro-pneumonia ten years previously. Over a small space near the lower angle of the left scapula a sound could be heard, of which it was difficult to determine whether the correct designation were subcrepitation on click. Dr. Andrew Clark, who also obligingly examined the expectoration, reported that it contained shrivelled cells, large cells with shrivelled nuclei, and some earthy matter, and, without receiving any history of the case, offered the diagnosis of "Slight

tubercular deposit, tending to restoration," a diagnosis which was confirmed by the result.

Thirdly: Dr. Thompson described some favorable indications afforded by the microscope concurrently with amelioration in the general condition.

CASE 5.—Mr. —, aged twenty-two (introduced by Mr. Pinching, of Gravesend), five feet nine inches in height, in the summer of 1854 had dull percussion and a murmur over the left pulmonary artery, but no crackle or click; the expectoration, however, exhibited lung tissue, tubercle corpuscles, and blood-discs. He took cod-liver oil freely, at one period to the extent of a pint and a half in a week; and had ioduret of neat's-foot oil (a grain to the ounce) rubbed into the chest. After a time the expectoration became chiefly bronchial, disposed to fibrillate, and free from lung tissue. The weight of this patient increased from ten stone one pound to eleven stone nine pounds. He spent last winter in Madeira.

Fourthly: The author noticed the important evidence sometimes derivable from the sputum, indicative of rapidity in the progress of disease.

CASE 6.—A lady in the country, aged forty-three, who had been for two years the subject of phthisis, but whose friends did not fully realize the danger, had a decided aggravation of cough and weakness. Some expectoration, sent to town for examination, contained blood, copious pus corpuscles, and numerous large meshes of pulmonary tissue, perfectly retaining their form and elasticity. A very unfavorable prognosis was consequently given, which was verified by the death of the patient a few days afterwards.

The author in conclusion, ventured to express the opinion that his statements, although brief, were sufficient to support his proposition, that the microscopical inspection of expectoration might often afford, at a very early period of consumption, definite information, not otherwise attainable, regarding the nature of the malady; that in later stages of disease it might assist us to estimate the rapidity and progress, and at all times might furnish valuable aid in forming a correct prognosis regarding the course of the complaint. He trusted these few suggestions would stimulate to the investigation some of his professional brethren more accomplished in the use of the microscope, or more fortunate in the enjoyment of leisure.—*Lon. Lan.*

On the use of Aconite as a Therapeutic Agent. By Edward B. Stevens, M.D., Cincinnati.

I have found good results from the use of aconite, in almost

the entire range of neuralgic affections, and in those obscure complications of rheumatism and neuralgia in which there is freedom from local or constitutional trouble, independent of the nervous derangement; but more particularly in such cases as are usually styled pure neuralgia, I have frequently had results almost as prompt and satisfactory as were recently attributed to valerianate of ammonia.

Something more than a year ago, a lady called upon me for advice, for a severe neuralgia of the face and head. From the history of the case, I supposed it to be a result of previous attacks of miasmatic disease, and accordingly prescribed quinine, which relieved her temporarily, but every few weeks she would have a relapse, and for several days at a time suffer excruciatingly. In addition to the quinine, quite a variety of customary treatment was resorted to, until in November I directed the following prescription, after she had suffered a week, and had tried without avail all the remedies that hitherto had given temporary relief:

R. Tinct. Aconite *Root*, ʒi.,
Tinct. Cimicifuga, ʒij.

Sig.—To take a teaspoonful every four hours.

My patient took three doses, when she was promptly and entirely relieved; and, what is better, she has scarcely felt a neuralgic twinge since, now about ten months.

In another case, a friend had for a long time suffered a peculiar form of neuralgia, or neuralgic rheumatism in the arm, which seemed to yield to no remedy, even temporarily. I suggested the aconite. The result was equally prompt with that of the case I have just given. I might multiply these satisfactory examples to considerable extent.

The formula given above is the one I most frequently use in administering the aconite to adults. It will be observed that, given in that way, each dose would be equivalent to about 4 drops of the tincture (except that tinct. aconite gives something more than 60 drops to the drachm), and in that dose I have never seen any effects sufficiently marked or violent to occasion alarm. It will also be observed that the tinct. of the *root* is directed. The U. S. Dispensatory recognises two officinal tinctures: of the *leaves* and of the *root*. I prefer the tinct. of the *root*, as of greater efficiency, and more reliable as to uniformity of effect. The tinct. *cimicifuga* is intended chiefly as a vehicle, but selected with the view to its contributing to the special effect of the aconite.

I have not tried the aconite in acute rheumatism, but in the chronic rheumatic pains, particularly such as aged people com-

plain of, I have seen very excellent effects. Neither have I used it much locally, though with many, even those who do not use it internally, it is a favorite topical application.

There is a form of neuralgia, associated with uterine derangement, which I have frequently met with, coming up sometimes in connection with the catamenial period through the hips, sacrum and uterine region. Sometimes I have seen this group of symptoms succeed abortion. I remember a case of this kind where the local distress I have just alluded to remained very troublesome for several weeks, while much of the time there was almost uninterrupted sleeplessness, despite the free use of opiates. The tinct. aconite root, given through the afternoon and evening, relieved the neuralgic pain, and secured a sweet and refreshing sleep through the night.—*Cin. Med. Observer.*

Height of the Pleura above the Clavicle.

Before the New York Academy of Medicine, Dr. Isaacs, Demonstrator of Anatomy in the University of New York, stated that in fourteen subjects out of one hundred, the *pleura* rose two inches and upwards above the superior margin of the clavicle. He even suggests the possibility that death attributed to the entrance of air into a vein in operations low down in the neck may have been caused by the surgeon having opened the pleural cavity.

We have, since writing the above notice, received this excellent paper in pamphlet form from the author, for which he will accept our thanks.—*Nash. Jour. of Med. and Surgery.*

On the Effect produced on the Circulation by the long-continued Action of Cold Water Externally. By Dr. H. Bence Jones and W. Howship Dickinson, Esq.

1. The usual effect of a strong douche or shower-bath is the immediate depression of the pulse. By the first shock of water between 64° and 68° F. the pulse became weak and irregular, and may be reduced in rate even fifty beats in the minute. After the first shock the pulse recovers a little, but remains weak until the secondary effect or showering comes on, when it becomes weaker and intermitting, and may be quite imperceptible. After ten or fifteen minutes the pulse remains very small and weak, and shivering continues whilst the experiment lasts.

2. If the shower-bath is a small one (eight gallons), and the person taking it in good health, no great difference is perceived in the pulse, whether the water is hot (110°) or warm (74° F.)

If the water is very cold (47° F.) the pulse becomes smaller, but the rate is not affected.

With a shower-bath giving twenty gallons per minute a difference of twenty degrees (from 70° to 50° F.) causes a great difference in the shock. The difference in the after-effect, or shivering, is not so marked. The depression of the pulse when the shivering comes on is more continuous with the colder water, and is more manifest up to the end of the experiment.

3. When the pulse is raised above, or depressed below, its healthy standard, the shower-bath or douche produces very much less or a much greater effect than would be produced by the bath under ordinary circumstances.

As it seemed possible that a part of the reduction of the pulse might be due to the action of the cold water upon the capillaries and the radial artery in which the pulse was felt, a set of experiments were made, in which the forearm and hand were exposed to temperatures varying from 25° to 124° F. The results of these experiments may be thus stated:

1st. When one arm is in water at 50° and the other in air at 40° F., no difference in the pulse is observed in fifteen minutes.

2d. When one arm is in water at 110° and the other in air at 46° F., little, if any, difference could be felt in the same time.

3d. When one arm is in water at 44° and the other in water at 107° F., there was the same result in the same time.

4th. Even one arm at 33° and the other at 112° gave no result.

5th. Still lower and higher temperatures, 25° and 115° F., did not give any decided result in fifteen minutes.

6th. The douche-bath on the arm and hand, at 42° , produced no greater effect on the pulse than still water at 44° F.

Hence, generally, it follows that no part of the effect produced by the shower-bath upon the pulse depends on the action of the water on the hand and forearm in which the pulse is felt.
—*Proceedings of Roy. Med. and Chir. Society, April 14, 1857.*

Photophobia and Blepharospasm relieved by Chloroform.

Dr. Mackenzie, of Glasgow, communicated to the Royal Med. and Chir. Soc. a case of intense and long-continued (sixteen months) photophobia and blepharospasm relieved by the inhalation of chloroform administered seven times. Mr. Arnott stated that he had administered this remedy in a case of strumous ophthalmia, with intolerance of light, with not only immediate, but permanent relief.

On Bloodletting in Pneumonia. By Prof. Wunderlich.

In the course of five years, there have been treated at the Leipsic Klinik 204 cases of pneumonia, of which number 36 (17.06 per cent) ended fatally; but if we abstract from these those cases which were brought to the hospital *in extremis*, and count only those which were actually treated there, there were then 190 cases with 11 deaths (11.57 per cent). Among the fatal cases, 3 were treated by bleeding, as were 44 of the cases that recovered, making the mortality of these so treated 6.38 per cent. These fatal cases were examples of pneumonia complicated with the disease of other organs.

In 114 of the patients, loss of blood occurred during the course of the pneumonia, whether from local or general bleeding, epistaxis or menstruations; and of this number 9 (including the 3 treated by bleeding) died, *i. e.* 7.89 per cent. In 76 cases, no loss of blood whatever occurred during the progress of the case, and of these 13, or 17.10 per cent died, not including persons brought in agony, and who had not in general been treated by bleeding. Thus it results that—1. In cases in which there was loss of blood in general the mortality was 7.89 per cent. 2. In those in which venesection had been employed 6.38 per cent. 3. In those in which a complete conservation of blood took place a mortality of 17.10 per cent.

The author enters into an elaborate comparative statement of the influence which the loss of blood exerts upon the time and mode of termination of the fever and of the commencement of the healing process. Pneumonia, he observes, possesses, in the vast majority of cases, the peculiarity of commencing with very determinate symptoms (severe chills, unequal distribution of the blood, and rapid increase of the objective temperature of the trunk), which are immediately followed by acute continued fever (increase of temperature, rapidity of pulse, etc.). In favorable cases, there is this further peculiarity, that at about the period of the completion of the exudative process (cessation of increased dulness on percussion, and of the bloody sputa) the febrile symptoms rapidly disappear, the delirium alone continuing awhile if it has been very violent. In this respect, pneumonia approaches the eruptive fevers, and forms a contrast to other inflammatory diseases, as abdominal typhus, pleurisy, peritonitis, meningitis, bronchitis, etc. Wishing to avoid the ambiguity which would ensue upon the adoption of the word crisis, the author designates this passage of the economy from a feverish to a feverless state, *defervescence*. It is no accidental occurrence, but a process which is sometimes rapid,

sometimes slow, and may be complete or incomplete, protracted, uninterrupted, or remittent. A rapid defervescence is decisive for the quick convalescence of the patient; but, while cases in which it is remittent are rare, yet, when it is protracted, uninterrupted, it is of bad augury for the patient, even when the disease is slight.

As a standard for judging the effects of therapeutical agents upon the period of defervescence, the Professor first selects 32 cases treated by expectation, and in which the exact time of its commencement was noted. Taking 10 of severe and 10 of the medium cases, the defervescence commenced at the seventh or eighth day; but, taking the entire number, in adding 12 slight cases, it occurred at the sixth or seventh day. Judging from 9 cases which came under his notice (2 of menstruation and 7 of epistaxis), spontaneous bleeding proved rather favorable, as the improvement dated from the appearance of the bleeding.

Local without general bleeding was followed by recovery in 36 cases. In 26 it was employed either alone or in conjunction with medicines, such as digitalis or ipecacuanha, which exert no appreciable effect in expediting the period of defervescence, and in 10 it was combined with tartar emetic, which does exert an effect of this kind. Of the first series, rapid defervescence took place in 7 slight and medium cases in from the third to the sixth day, and in 19 bad cases it varied from the second to the ninth day. In the 10 cases of the second series, it took place from the third to the seventh day.

In 39 cases, in which the commencement of the disease could be accurately ascertained, venesection was employed. First, in 18 of these it was employed on the first or second day. In 10 of these there was immediate arrest of the process; in 2, immediate arrest, with a somewhat slower continuance of improvement; in 5, a considerable diminution of fever, with a later but less considerable return, the fever ceasing in 4 cases on the sixth, and in 1 on the seventh day. In 1, no effect was produced, improvement following only after local bleeding. Secondly, in 21 the venesection was performed from the third to the fifth day; but in none of these cases was bleeding the only means employed. The results obtained even here contrasted very favorably with those obtained by expectative treatment. It was found that the conjunction of tartar emetic hastened the period of defervescence somewhat; that of local bleeding was scarcely of any effect, while the addition of digitalis was of no effect whatever.—*Med. Times and Gaz.*, June 5, 1857, from *Virchow's Archiv.*, 1856.

Electricity in the Suppression of the Lactal Secretion.

M. Becquerel, in a late communication to the Societe Medicale des Hopitaux de Paris, has made some remarks upon the influence of electricity in restoring the secretion of milk. His attention was called to the subject by a case related to him by M. Aubert, who had employed electricity in the case of a young woman whose milk had been suppressed in consequence of a double pneumonia. The electricity was applied to the breasts by means of moist excitors, and after four applications, each lasting twenty minutes, the lactal secretion was completely restored. M. Becquerel was at first incredulous as to the reality of the result; but the following case, which fell under his observation, removed his doubts:

A young woman, aged twenty-seven, well formed, although of a nervous temperament, had suckled a young infant for six months, but, on the occasion of some intense and often-repeated mental emotions, the lactal secretion diminished considerably; the right breast retained a little milk, but the left was almost completely dried up. M. Becquerel applied the electrical current at first to the left breast, placing the moist excitors, made of sponge, successively in the different points of the circumference of the breast, so that the currents might traverse the organ in all directions. Three applications were made, each lasting a quarter of an hour. The patient suffered very little, and indeed experienced little more than a feeling of inconvenience. From the time of the first application, the rush of milk supervened almost immediately after the application of the electrical currents. After the third application, the secretion was full and entire; the child had taken the breast, and the milk was abundant in the left breast, and sufficient in the right to obviate the necessity of applying the electricity on that side.—*Dublin Hospital Gazette*, July 10, from *L'Union Medicale*, Jan. 3, 1857.

Sudden Death after Parturition, with Air in the Veins. By, Geo. May, Jr., Esq.

That death may result from the entrance of air into the veins during surgical operations, has long been known to the profession; but that it might be a cause of danger after parturition (as suggested by Legallois in 1829), did not obtain the notice it deserved, until Dr. Cormack read a paper on the subject before the Westminster Medical Society in 1850. I propose to allude briefly to the cases narrated by Dr. Cormack, and then to give the details of three that have occurred in this neighborhood.

In 1841, Dr. Bessems attended a labour, in which there was hemorrhage with retention of placenta. On the fourth day after her confinement, whilst an injection was being thrown into the uterus, she suddenly exclaimed that she was suffocated, and died in three minutes. Air was found in the heart and veins.

M. Lionet, of Corbeil, attended a lady, aged 27. She was much frightened during the last month of pregnancy, and did not completely recover her strength; but her labour was natural, and not attended with hemorrhage. She soon, however, became faint, breathed with difficulty, and expired five hours after delivery. Air was found in the heart and in the cerebral veins.

Dr. Wintrich, in 1848, published a case of rapid death after parturition. Convulsive movements and suffocation followed the expulsion of the infant and partial separation of the placenta. Air was found in the venous system.

Professor Simpson mentions a case in which death occurred a few hours after a delivery, accompanied with hemorrhage and alternate contractions and relaxations of the uterus. Air was found to have entered through the uterine veins.

Dr Lever mentions three cases; in all of them there was hemorrhage, and death a few hours after labour. Air was found in the uterine and other veins.

In 1850, Mr. Berry, of Birmingham, attended a primipara, aged 22. There was little hemorrhage, and she appeared to be going on well for six hours; she then became affected with difficulty of breathing and faintness, and expired in less than an hour. Air was found in the heart. The uterine veins were patulous.

CASE 1.—The case of which an abstract is here given, was read before the Reading Pathological Society, by Mr. Taylor, of Wargrave.

In September, 1841, Mrs. —, aged 30, was taken in labour with her third child. The labour progressed naturally; but no urine having been passed, Mr. Taylor was in the act of introducing a catheter, when a severe pain occurred. The liquor amnii was discharged to the amount of three-fourths of a pint. The woman suddenly exclaimed, "Oh! how faint I feel," was convulsed for a moment, and then expired. By the last pain, the head had been forced partly from the outlet. An attempt was made to remove the child without success.

A *post-mortem* examination was made forty-eight hours after death. The uterus extended above the umbilicus; no portion was separated. A few days before her labour, she had a copious discharge of blood. There was little blood in the uterus. The bladder was empty. The lower vena cava was empty. The heart was healthy. The right auricle was thin, almost trans-

parent, and distended with air. Hardly a trace of blood existed in the heart. The brain and membranes were healthy. In the spine, between the theca and the cord, there was considerable effusion of fluid blood, but none within the sheath.

CASE 2.—I am indebted to Mr Smith, of Whichurch, for the details of the following case:

Mrs. T., between 38 and 40 years of age, was confined of her sixth child, a male, on the morning of May 7, 1852, about 8 a. m., and her attendant left her shortly afterwards, as he said, very comfortable. As, however, she had severe after-pains, an opiate was sent for. Mr. Smith was summoned to her about 2 p. m., and on his arrival, he found she had just died. She complained of excessively severe after-pains, together with great oppression about the chest, and feelings of sinking and exhaustion and extreme restlessness. In answer to inquiries as to whether there had been any hemorrhage, the attendants stated that there had not.

A *post-mortem* examination was performed the same evening, the body not being quite cold. The abdominal viscera were all free from disease. On opening the uterus, which was large, there was found a considerable quantity of coagulated blood; but not by any means enough to satisfy one that loss of blood was the cause of death. The uterus contained also a considerable piece of the placenta adhering to its internal surface. In the chest were old adhesions between the pleura costalis and pulmonalis. The heart appeared distended; not that it was enlarged, properly so called, but that it had an appearance of distension, which was evidently on the right side of the organ. On opening the right auricle, a quantity of air escaped with a sort of a little puff, and the organ was at once reduced to its proper dimensions. No disease was found in its substance or valves. The left ventricle contained a small clot.

CASE 3.—In the autumn of 1855, Mrs. E., aged 28, was delivered of her third child, after a natural labour. She had become sufficiently convalescent to resume her household duties; but on the eighth day, she was taken suddenly ill, and expired before Mr. Walford arrived.

I assisted at the *post-mortem* examination the following day. No unusual appearance was observed, until the liver was sliced; it was then noticed that frothy blood escaped, and, a further examination being made, air was discovered in the vena cava inferior and vena portæ; and the right side of the heart was distended with frothy blood. The uterus was of its usual size for the eighth day. There was no sign of decomposition about the body.

Remarks.—It does not appear to be generally admitted that the entrance of air through the uterine sinuses can cause death; but if we recollect that Dr. Cless, of Stuttgart, examined the bodies of 1,200 patients, who had died of various diseases, without finding air in the heart; that in the eleven cases here alluded to, death was more or less sudden, and could be explained by no *post-mortem* appearances; that the development of gas from putrefaction was quite out of the question, some of the bodies being warm at the time of examination; and that these cases present an analogy with those in which air enters the veins during operations and experiments; I think we are forced to the conclusion that the entrance of air through the uterine veins was the cause of death.

I will, however, shortly send some examples to prove that the local generation of air may in some cases prove fatal.—*British Med. Journal*, June 6, 1857.

BOOK NOTICES.

FISK FUND PRIZE ESSAYS.

The Effects of Climate on Tubercular Disease. By Edwin Lee, M.R.C.S., London. Being the Dissertation to which the Fisk Fund Prize was awarded, June 6th, 1855.

The Influence of Pregnancy on the Development of Tubercles. By Edward Warren, M.D., of Edenton, N. C. Being the Dissertation to which the Fisk Fund Prize was awarded, June 4th, 1856.

“Dr. Caleb Fisk, who was President of the Rhode Island Medical Society in 1823 and 1824, at his death bequeathed to that Society a fund of two thousand dollars, directing the annual income to be expended in premiums for essays on subjects selected for competition. The first premium of forty dollars was awarded June 27th, 1836, since which time a large number of valuable dissertations have been laid before the profession through the instrumentality of Dr. Fisk's well directed munificence. By the judicious management of the trustees the

fund has gradually increased, and they are now able to offer two annual prizes of one hundred dollars each." (Preface.)

Innocent entirely so far as we can see of originality, Mr. Lee's essay is a fair summary of our knowledge of the effects of climate upon tuberculous patients. Being very short, and tolerably well written, it will bear reading. It is orthodox pretty thoroughly, in everything except the assertion in relation to the ignorance of American physicians on auscultation. The absurd statement that the "exploration of the state of the organs contained in the thoracic cavity, by means of auscultation and percussion, forms no part of the education of medical students" in this country, which he makes on page 19, ought to have shut the eyes of any American committee against its further perusal. Such a statement made to an American awarding committee exhibits a degree of stupidity that could exist nowhere but in England, and is equaled only by the submissive assent of the Fisk fund prize essay committee by tolerating it in a prize paper.

Dr. Warren's paper shows much ingenuity and considerable research. He takes the ground that in gestation as a consequence and requisite, every function necessary to a higher state of general health is performed in as perfect a manner as possible, and thus organic lesion of almost every kind is prevented, and if in existence, either cured or rendered stationary. He thinks that consumption consists essentially in a low and depraved condition of the nutritive functions, and that the condition of the system in gestation being opposite in its character, more surely counteracts and arrests tuberculosis than any other serious diathesis or disease. It may be remarked, however, in this connection, that this is merely an arrest and amelioration, when it does occur, and not (at least, it is not often) curative in the strict sense of the word. Too many cases have fallen under the notice of the writer in which consumptive patients were apparently very much better during gestation, and after confinement rapidly sank under the ravages of their disease and died, not to warn him against a favorable prognosis in most cases. The essay will well repay perusal. The authors therein cited, if the theory of Dr. Warren in regard to the nature of

phthisis is correct, all seem to favor the general tenor of the essay, and the number and respectability of them are highly creditable as company in any opinion connected with the physiology and pathology of pregnancy.

Fourth Report to the General Assembly of Rhode Island, relating to the Registry and Returns of Births, Marriages and Deaths in the State for the year ending December 31st, 1856. Prepared under the direction of John R. Bartlett, Secretary of State.

This report was confided to Charles W. Parsons, M. D., of Providence, R. I., by the committee of the General Assembly. Dr. Parsons prepared the two preceding reports. All three attest the industry, devotion and intelligence which so eminently qualify the Doctor for such service. A few such men scattered over this country, empowered and encouraged by the legislatures of all our States, would amass an amount of valuable and enduring information that would in all future time be an honor to our age. Too little interest is now manifested on the subject of registration by State authorities. It is to be hoped that this will not be long tolerated by so large, talented and influential a body of men as the physicians of this country now are. They alone can appreciate the importance of registration, and as they are now organized more thoroughly all over America than they ever have been hitherto, we believe they may and before long will be heard to some effect in this matter. We should act perseveringly and together on those—alas! often too stupid—bodies called legislatures, until they are universally awakened upon this great topic.

Puerperal Fever—its Causes and Modes of Propagation. Read before the New York Academy of Medicine, at the opening of the discussion on Puerperal Fever, on the 4th of April, 1857, and published by consent of that body. By Joseph M. Smith, M.D., Professor of Mat. Medica and Clin. Med. in the New York College of Physicians and Surgeons, Physician to the N. York Hospital, etc. etc. From the New York Journal of Medicine for Sept. 1st, 1857.

Dr. Smith rejects the idea of contagiousness of puerperal fever, and supplies the explanation of the many circumstances

that favor such an opinion, by supposing that it is produced by idio-miasma, "generated by the foul discharges of puerperal women in crowded, ill-ventilated lying-in hospitals; sometimes from the absorption of putrescent matters lodged in the uterus and vagina after parturition; sometimes from the exhalations of patients laboring under typhus fever, erysipelas and gangrenous diseases; and sometimes from the emanations from the human body dissected after death. It further appears," he says, "that the miasms of typhus, erysipelas and puerperal fever are severally capable of producing any one or all of these diseases, and that they may attach themselves to the persons or clothing of midwives and physicians, and thus be transported from their sources to the chambers of the lying-in women. It is also observable that the more ordinary form of disease, induced by the febrific effluvia in question, is typhus and its modification, typhoid fever, whilst puerperal and hospital erysipelas are but varieties of that disease, taking their forms from the peculiar predisposing conditions of the system and certain epidemic influences." To prevent it, ventilation, fumigation, cleanliness of the surrounding and dispersion of the patients, and the entire cessation from practice of the physician in whose care such cases prevail. While we are willing to acknowledge that Dr. Smith has entirely established every point in the above ingenious, readable, learned and instructive pamphlet, we cannot help but admire, with almost astonishment, the accommodating elasticity of the two hypothetical entities, contagion and miasm. We have often witnessed their permeating expansibility—first one and then the other—under the warm enthusiasm of genius, pervading and occupying every labyrinth and intricacy of etiology, and supporting with powerful buoyancy the most ponderous theories, and alternately (but not conjointly) occupying the same space. We have been led by one observer through a world of facts, proving incontestibly that there is *no* contagion, while another has pointed to incontrovertible evidences all around of the fact salient in obviousness, that there are almost no diseases but what, under certain circumstances, may become contagious, until we almost despair of ever seeing this "vexed question" settled.

Dr. Smith's essay is an excellent one of its kind, and will well repay any who may take time to read it carefully. It is replete with learning and ingenuity, and is unexceptionable in style, while the subject is absorbingly interesting.

Compound Dislocation of the Long Bones considered with especial reference to the value of resection. By Frank Hastings Hamilton, M.D.. Prof. of Surgery in the Medical Department of the University of Buffalo. Extracted from the American Journal of the Med. Sciences for October, 1857.

This pamphlet contains sixteen pages of paper and volumes of valuable practical matter. Dr. Hamilton's fame is equaling that of his distinguished relative of fiscal renown; his name belongs to the whole scientific world, and we are mistaken if it does not remain in this position while surgery is cultivated as one of the ameliorating and salutary sciences. As will be seen by the title of the pamphlet given above, he is still enthusiastically absorbed in his favorite study—the surgery of the bones. He is one of the few cultivators of science who seldom makes an unprofitable move. Everything he writes is to the point and in the highest degree practical, full, explicit, intelligible and yet concise.

The object aimed at and accomplished is improvement of the practice of his profession. In this paper the subject is handled in his usual manner. He thinks that the danger of compound dislocations does not arise from the inflammation of the synovial membranes of the joints resulting from its exposure, nor to the extensive lacerations of the tendons, ligaments and membranes attaching and binding the bones together, but to circumstances otherwise operating.

He establishes, by calling to his aid the experience of the ablest surgeons of ancient and modern times, the fact that these injuries are more serious in their effects upon the system—indeed, in the large joints generally fatal—when the bones are reduced and dressed than when left to nature. From this and other facts he adduces the opinion that the extensive inflammations which follow reduction and bandaging result from the continued tension of the stretched, lacerated and bruised ten-

dons, muscles and ligaments, acting like strong exercise of function in any organ in keeping up vascular and nervous excitement to such a pitch as to aggravate the inflammation. The inflammation will not subside any more than rheumatic inflammation will subside in a joint or muscle that is constantly exercised. Resection by shortening the limb takes off the fatiguing and irritating tension of the soft parts, and by allowing them to assume a condition of repose, favors in this important manner the natural tendency to resolution. He argues also that if inflammation of the synovial membrane is so much to be dreaded, as some modern writers believe, removal of the articulating ends of the bones is an effectual way of avoiding that evil. Lastly, cases are adduced as experimental evidence in favor of resection, which he thinks terminated more favorably after the operation than they could have done by the ordinary modes of treatment. To properly appreciate his arguments and facts in this kind of treatment of compound dislocations, his paper must be read, which, we hope, every surgeon will not fail to do.

EDITORIAL.

Personal.

The unceasing labors consequent on an active practice, added to college and hospital duties, renders it impossible for me to devote that time and attention to all the departments of the "North-Western Medical and Surgical Journal" which they ought to receive from the editor. To obviate this difficulty, I have secured the efficient and valuable aid of my colleague, Prof. W. H. Byford, whose name has been placed on the title-page of the present number. In addition to a more efficient superintendence of the book notices, reviews and selections, he will give frequent translations from the more valuable French and German periodicals, embodying often matter of much practical value. With his help, and the continued aid of our

ordinary contributors, we expect to make the Journal much more valuable than heretofore.

All letters containing remittances, or concerning the business matters of the Journal, may be addressed as before, to N. S. Davis, Chicago, Illinois.

Body Snatching—Resurrectionists—The Remedy.

Many of our readers will see from paragraphs in the newspapers, copied from those of this city, accounts of the arrest of the City Sexton and one of the students attending the College, on a charge of having been engaged in taking bodies from the cemetery for purposes of dissection. The student easily proved that he had nothing to do with the affair, and was discharged; the sexton was held to bail. As a proper supply of subjects for dissection, in all our medical colleges, is a matter of much importance, both to the profession and the community, we copy the following letter addressed to the editors of one of our daily papers, and hope that some systematic effort may be made to remedy the evil complained of:

EDITORS OF THE CHICAGO DAILY TRIBUNE:

In a recent number of your paper you took occasion to comment with severity upon the practice of obtaining *bodies* for dissection, and expressed your regret that the Legislature had not made the alleged crime punishable by imprisonment in the penitentiary.

While the public attention is turned to this subject, I wish to make a few suggestions concerning it, and see if there is not a better remedy than the one you propose.

It is easy to talk flippantly about the sanctity of the grave, and to increase popular prejudice by denouncing every disturbance of the dead as the work of "hyenas" and *barbarians*. But it is one of the plainest principles of law, that the criminality of an act or its non-criminality must be determined by the motives that induced its committal, and its effect upon the life, property, or health of others. For any citizen to commit an act which is directly calculated to injure the health or property of another is plainly criminal, even if the motive

which impelled him to its committal was actual hunger or extreme destitution. The criminality would consist in the trespass upon the rights of others. Again, if a citizen should commit an act which disregarded the moral sense and peace of the community, for no useful purpose, such as opening a grave and leaving the body exposed and mutilated, it would be highly criminal; but if the body was obtained as carefully and with as little disturbance of the public peace as possible, and used *solely* for the purpose of gaining such knowledge as would be of essential benefit to the living, it would require a pretty active imagination to recognize in such an act either criminality or injustice. Certainly, the *motive* cannot be impeached; and are the rights or property of any one invaded by the taking of the body? When a human body is deposited among the undistinguished and undistinguishable dead of the potter's field, there to decay or be eaten up by worms, it is as absurd to claim that it remains the "property" of any one, as it would be for the previous owner to re-claim the right of property in the old boots that he had cast off and thrown into the streets.

If, then, dissections of the human body are absolutely necessary to qualify the physician and surgeon to discharge their duties to the living, the procurement of material for such necessary purpose cannot be *in its own nature* criminal. It is true that our legislators have enacted laws declaring such act criminal, and provided heavy penalties to deter from its commission. But the same legislators have also passed laws by which every physician and surgeon is made liable to suits and heavy damages for mal-practice, if they do not daily use—and use skilfully, too—the very knowledge which can be gained in no other way than by dissections of the human body. Thus, legally, the medical profession are placed very much in the condition of the Israelites in Egypt, when they were required to make the full number of bricks daily, but denied the straw or materials necessary to make them of. The absurdity and injustice of keeping a whole profession in such a position in relation to the laws must be obvious to every reasonable citizen.

Now, Mr. Editor, before you publish anything further concerning "hyenas" and barbarians in connection with the pro-

curement of subjects solely for dissection, please answer honestly the following questions: If you should be unfortunate enough to get your leg crushed, perhaps, in one of the many railroad accidents, so as to require amputation, and a *professional* surgeon was called who had rigidly obeyed the laws of the State by abstaining from dissection; having never traced the exact position of the arteries, he, in cutting off the limb, either lets you bleed to death or arrests the flow of blood by searing the whole stump with a red-hot iron, as all surgeons did before dissections were known—which would you think most deserving of the penitentiary, such a pretended surgeon, or one who, by the careful and patient dissection of a dozen dead bodies, had learned the exact position of every vessel, so as to amputate a limb without the slightest danger from loss of blood? Or, if you had an *aneurism*, a disease of a large artery, which, if let alone, would inevitably be fatal, would you prefer a surgeon who had never dissected an artery in his life, or one who, having dissected minutely, knew exactly where to cut down, and with a thread tie up the diseased vessel and save your life? Or, again, if the one you love more than all others, while lying upon her couch after having given birth to your first born, was attacked with a sudden and most dangerous flow of blood, would you want a physician by her side whose minute knowledge of anatomy would enable him to place his finger on the main artery and arrest the wasting tide of life in a moment, or one of those *good souls* whose regard for the sanctity of the dead had left him in entire ignorance of the situation of the artery or of any means of immediate relief?

Let all those good citizens who are disposed to hold up their hands in holy horror whenever a coffin in the potter's field is found empty, bring these questions home to themselves. But you are ready to ask if I openly advocate the robbing of graveyards. I answer, no! I do advocate, however, such a change in our laws as will render the robbing of graveyards unnecessary. Just as long as justice to the living absolutely requires of the physician knowledge which he can get in no other way than by dissecting dead bodies, and the laws hold him responsible for the actual use of such knowledge in the treatment of his

patients, so long graveyards will be robbed, no matter what the penalty may be, unless the laws make some adequate provision for supplying a sufficient number without robbing.

Now, Mr. Editor, if you and the rest of our good citizens, instead of asking the next Legislature to make the taking of bodies from the potter's field a *penitentiary* offence, will unite in asking for and obtaining the passage of a law, like the one already enacted in New York, by which those who die in our hospitals, poor-houses, jails, penitentiaries, etc., and are not claimed for burial by friends within a specified time, shall be given up for dissection under proper regulations, there will be no further disturbance in the burial places for the dead. The exhuming of dead bodies is not so pleasant a task, that men will engage in it for mere sport, or without a strong necessity. Only give to the profession a reasonable supply to enable its members to do justice to the living by the enactment of consistent laws, and you may be assured that every dead body, which has friends who care enough about it to claim it for burial, will be allowed to rest peacefully in its mother earth.

Proceedings of the Union Medical Association.

Pursuant to adjournment, and in accordance with previous notice, publicly given by the Corresponding Secretary, the Union Medical Association convened at the Masonic Hall, in the city of Jonesboro, on Tuesday morning, Nov. 10, 1857.

The Association was called to order by Thomas Wilkins, M.D., President.

On motion of Hugh McVean, M.D., of Anna, Ill., Dr. S. S. Condon was elected Secretary *pro tem*.

Thereupon, on motion of Dr. A. D. Stearns, of Vandalia, Hugh McVean, M.D., was unanimously elected a member of this Association.

On motion of Dr. McVean, Drs. H. C. Hacker, MM. Goodman and S. C. Toler, of Jonesboro, were each unanimously elected as members.

On motion of S. S. Condon, Dr. Roberts, of Carbondale, was unanimously elected a member.

By order of the President, the roll was then called, and the following gentlemen answered, viz: Drs. Dunning, of Centralia; Haller, Stearns and Wilkins, of Vandalia. The absentees were noted by the Secretary.

On motion of H. McVean, James V. Brooks, M.D., of Jonesboro, was also duly elected a member of this Association.

On motion of S. C. Toler, George Bratton, M.D., of Vienna, was likewise duly elected a member.

On motion of Dr. Dunning, J. W. White, M.D., of Central City, was duly elected a member.

S. S. Condon, M.D., Chairman of the Committee of Arrangements, made report, that the Masonic Hall was obtained for, and was at the service of the Union Medical Association, which report was, on motion of Dr. Stearns, accepted.

On motion of Dr. Stearns,

Resolved, That Dr. William White, of Salem, is charged with holding and refusing to pay over certain moneys belonging to this Society. The Secretary is instructed to notify him of said charge, and request him to appear and answer at the next meeting.

On motion of Dr. Haller, Dr. Lucas, Treasurer of this Society, be instructed to call upon Dr. William White, of Salem, and receive from him all moneys in his hands belonging to this Society, and that he receipt Dr. White therefor, in the name of the Society.

On call of the President, Dr. Haller, of Vandalia, read in a clear and impressive manner, a very able paper on "Retention of the Placenta from Morbid Adhesions," which elicited some discussion, which was participated in by Drs. Roberts, McVean, Condon and Haller; and on motion of Dr. Dunning, said paper was received and ordered to be filed upon the records.

On call of the President, Dr. Stearns then read before the Society an exceedingly valuable, interesting and eloquent paper on the "Physiological, Pathological and Therapeutical Effects of Sulphate of Quinine."

On motion of Dr. Condon, the Society then adjourned until 8 o'clock Wednesday morning.

WEDNESDAY MORNING, NOVEMBER 11, 1867.

The Society met, pursuant to adjournment; present as yesterday.

By order of the President, the minutes of the last meeting, held at Richview, were read by the Secretary, and approved by unanimous vote of the Society.

Dr. Bundy, Corresponding Secretary, presented for the consideration of the Association, a short communication to him from Dr. White, of Salem, which, upon motion, after debate, was laid upon the table.

Dr. Condon introduced the following resolution, which will come up at the next regular meeting:

Resolved, That all regular members of the legal profession, of moral character, be permitted and invited to become full members of this Association.

Adjourned to 2 o'clock P. M.

2 O'CLOCK P. M.

Society met pursuant to adjournment.

On motion of Dr. Bundy,

Resolved, That the Union Medical Association hold its next regular meeting at Centralia, Illinois.

Dr. Bundy gave notice that at the next meeting he should move to so amend the Constitution as to allow the Society to meet as often as wished for in one place.

On motion of Dr. McVean,

Resolved, That we memorialize the next Legislature to pass a law prohibiting persons from collecting fees for medical services, who were not graduates of some respectable medical school.

On motion of Dr. Dunning,

Resolved, That a committee of three be appointed to petition the Legislature, or by any other means, to procure the passage of a law to prevent incompetent persons from collecting fees for any medical services.

Drs. Dunning, Goodman and Toler were appointed said committee.

Dr. Dunning proposed J. B. Lamb, M.D., of Centralia, as a member of this Society, who thereupon was duly elected.

Drs. McCord and Lamb, of Centralia, and J. W. White, of

Central City, were appointed a Committee of Arrangements for the next meeting.

Dr. McVean was appointed to write an *Essay Medical* for next meeting; and Dr. S. S. Condon to prepare and deliver an address.

On motion of Dr. Bundy, Drs. Hotchkiss and Murphy were fined five dollars each, for failing to deliver addresses at this meeting.

On motion of Dr. Wilkins, (Hacker in the chair,) the thanks of this Society are gratefully tendered the Committee of Arrangements, Drs. Condon, Brooks and Hacker, for the satisfactory manner in which they have discharged their duties, and to professional brethren of Jonesboro, for the cordial kindness with which we have been treated while in attendance at this Association, and to the citizens of Jonesboro for the hospitalities extended to us—the remembrance of which will be ever gratefully cherished.

On motion of Dr. Condon, adjourned until the next regular meeting.

THOMAS WILKINS, M. D., *Pres't.*

S. S. CONDON, M. D., *Sec'y pro tem.*

TO THE MEDICAL PROFESSION.

The subscribers would call the attention of physicians to the annexed list of Fluid Extracts, which we have been induced to prepare, from the difficulty of obtaining such preparations of a reliable character, and to obviate the great inconvenience of being dependent on distant manufacturers for articles of every day use by physicians.

By the process of percolation, carefully conducted, the crude material is completely exhausted of its medicinal virtues, and these, by subsequent evaporation, at a low temperature, are retained in their full original activity, and in a form highly concentrated, and exceedingly convenient for prescription.

We would respectfully invite physicians to make trial of the above, feeling confident that they will be found entirely reliable.

To those who prefer Tilden & Co.'s Extracts, we would say that we keep the usual assortment of their Solid and Fluid Extracts, and offer them at their prices. SARGENT & ILSLEY, Druggists, 140 Lake-street, Chicago.

Extractum Aconiti Fluidum, One fluid drachm is equal to $\frac{1}{2}$ a drachm of the crude material

[illegible]

Sargent & Ilsey's Solution of Chloride of Zinc,

*For Purifying Sick Chambers, Sinks, Chamber Vessels, Vaults, Cellars, and for preserving
Corpses. Preventing Moths, Exterminating Bugs, &c.*

To obtain a substance harmless in itself, and free from smell, but possessed of the property of destroying all other smells, particularly such as are offensive or injurious to health, has long occupied the attention of scientific men. It has been found that Chloride of Zinc possesses this power in a high degree, and is also safe, economical and convenient.

It has received the sanction of the highest medical authority, and been very extensively introduced into the hospitals and public institutions of Europe and this country.

Our solution is of uniform strength, containing 35 per cent. of the dry chloride, and for most purposes should be diluted with twenty times its bulk of water. It is the cheapest, most effectual and convenient disinfectant known.

Its application is perfectly safe, both to persons and property; it is also free from the noxious and disagreeable odor of the chloride of lime, and the objections pertaining to the various disinfectants in common use. Full directions accompany each bottle.

Prepared by SARGENT & ILSLEY, Druggists, 140 Lake street, Chicago.

MEDICAL COLLEGE OF OHIO

SESSION OF 1857-8.

THE THIRTY-EIGHTH ANNUAL COURSE OF LECTURES IN THIS Institution will commence on the 15th of October, and continue until the 1st of March.

FACULTY.

- L. M. LAWSON, M.D., *Prof. of Practice of Med. and Clin. Med.*
 JESSE P. JUDKINS, M.D., *Prof. of Anatomy.*
 GEORGE C. BLACKMAN, M.D., *Prof. of Surgery and Clin. Surg.*
 GEORGE MENDENHALL, M.D., *Prof. of Obst. and Diseases of Women and Child.*
 JAMES GRAHAM, M.D., *Prof. of Materia Medica and Therap.*
 C. G. COLEGYS, M.D., *Prof. of Institutes of Medicine.*
 H. E. FOOTE, M.D., *Prof. of Chemistry.*
 THOMAS WOOD, M.D., *Prof. of Microscopic and Surgical Anatomy.*
 JOHN A. MURPHY, M.D., *Adjunct Prof. of Pract. of Medicine.*
 B. F. RICHARDSON, M.D., *Adjunct Prof. of Obst.*
 WM. CLENDENIN, M.D., *Demonstrator of Anatomy.*

CLINICAL INSTRUCTION.

The Faculty are determined to devote much of their time and attention to Clinical instruction. The patients of the Commercial Hospital, St. John's Hotel for Invalids and City Dispensary (which are under the exclusive control of the Med. Col. of Ohio), will be examined, prescribed for or operated upon daily in presence of the class.

The Anatomical Rooms will be opened on the 1st of October. Material for dissection will be cheap and abundant.

FEES.

Professor's Ticket,	\$80 00	Matriculation Ticket (paid	
Dissecting Ticket,	6 00	once),	\$5 00
Hospital Ticket,	5 00	Graduation Fee,	25 00

At the close of the Session, the Faculty will elect from the class seven House Physicians, to reside in the Hospital and Dispensary for one year.

For further information, call at the College on Sixth Street, between Vine and Race, Cincinnati; or address,

GEORGE MENDENHALL, M.D.,
Registrar.

JAMES GRAHAM, Dean,
87 Seventh St.

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